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CONFIRMATION NO. 6830

<b>SERIAL NUMBER</b> 10/024,607	<b>FILING OR 371(c) DATE</b> 11/08/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> B0801.70231US00	
<b>APPLICANTS</b> Richard T. Lee, Weston, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/247,457 11/09/2000 <i>6/29/07 BDH</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none BDH 6/29/07</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/01/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>BDH</i> Acknowledged <i>BDH</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> Elizabeth Robin Plumer Wolf, Greenfield & Sacks, P.C. 600 Atlantic Ave. Boston, MA02210					
<b>TITLE</b> <i>Methods for diagnosis of cardiovascular disease</i> <i>BDH 6/13/07</i> <del>Cardiovascular disease diagnostic and therapeutic targets</del>					
<b>FILING FEE RECEIVED</b> 1290	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		